

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/054374

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter 0 in column 2.

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9 =    |        | OR | XS18 =    |        |
| X43 =     |        | OR | X86 =     |        |
| +145 =    |        | OR | +290 =    |        |
| TOTAL     |        | OR | TOTAL     | 770.00 |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|   |             |                                  |       |                                    |               |
|---|-------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A   |             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total       | 29                               | Minus | 29                                 |               |
|   | Independent | 3                                | Minus | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |                                  |       |                                    |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9 =           |                | OR | XS18 =           |                |
| X43 =            |                | OR | X86 =            |                |
| +145 =           |                | OR | +290 =           |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

8-20-04

(Column 1) (Column 2) (Column 3)

|   |             |                                  |       |                                    |               |
|---|-------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B   |             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total       | 27                               | Minus | 29                                 | 2             |
|   | Independent | 2                                | Minus | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9 =           |                | OR | XS18 =           |                |
| X43 =            |                | OR | X86 =            |                |
| +145 =           |                | OR | +290 =           |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|   |             |                                  |       |                                    |               |
|---|-------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C   |             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total       |                                  | Minus |                                    |               |
|   | Independent |                                  | Minus |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9 =           |                | OR | XS18 =           |                |
| X43 =            |                | OR | X86 =            |                |
| +145 =           |                | OR | +290 =           |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AVAILABLE COPY